



OFFICE USE ONLY

Event Name:

Event Date:

BLOCK PARTY REQUEST

Notification is hereby given to the City of Belleville to request a Block Party as follows:

PLEASE ALLOW FOUR (4) WEEKS FOR PROCESSING
***** A MAP OF THE AREA WITH STREET CLOSURES NOTED REQUIRED *****

Name(s) of requester(s): _____

Name of Event: _____

Date of Event: _____ **Event Starting Time:** _____ **Event Ending Time:** _____

Street Closure Time: _____ **Street Re-Open Time:** _____

Name(s) of person(s) responsible for organizing and conducting event:

Name	Address	Phone	Email

Collect one signature from each resident in the affected area *even if they are not participating in the event.*
 (Please use a separate piece of paper if additional space is needed.)

NAME	ADDRESS	SIGNATURE

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Does this event require any of the following?

- Trash Containers
- Picnic Tables
- Sanitation Vehicle and Manpower
- Electric (note on map location(s))

Yes No **Number Requested:** _____

Yes No **Number Requested:** _____

Yes No

Yes No **Number Requested:** _____

Affixing my signature to this application, declares my acceptance and understanding of the guidelines and certain limitations which may apply to this event.

Signature of Person Making Application

Printed Name of Person Making Application

Mailing Address

Phone Number

E-mail

DATE OF APPLICATION: _____

Return this form (via mail or email):

City of Belleville - City Clerk's Office
101 South Illinois Street
Belleville, Illinois 62220
E-mail: jmeyer@belleville.net
(618) 233-6810

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CHECKLIST (FOR USE BY CITY PERSONNEL ONLY)	EVENT INFORMATION (FOR USE BY CITY PERSONNEL ONLY) Completed application/documentation to be sent to city staff prior to meeting. Meeting will then be scheduled with all city staff and a representative of the event.
<input type="checkbox"/> Application <input type="checkbox"/> Event Map	Date Received by City Clerk's Office: _____ Scheduled Meeting Date: _____ Date Approved by Staff: _____ Date on Council Agenda: _____ Notification Sent to Event Representative of Council Meeting: _____
<input type="checkbox"/> Approved on: _____ <input type="checkbox"/> Denied on: _____ Notification Sent to Event Representative of Council Approval/Denial on: _____	

STAFF REVIEW SECTION

Police Department: _____

APPROVED DENIED DATE: _____ INITIALS: _____

Fire Department: _____

APPROVED DENIED DATE: _____ INITIALS: _____

Public Works: _____

APPROVED DENIED DATE: _____ INITIALS: _____

Maintenance Department: _____

APPROVED DENIED DATE: _____ INITIALS: _____